A		
TROSURGICAL PROB		
Patents		
a duplicate, large table or bendix) mino Acid Sequence dable Form equence Listing on: CD-R or ifying identity of above copies APPLICATION PARTS rs (cover sheet/documents) ement [] Power of Attorney Document are Statement (PTO-1449) ment stcard ority Document eation under 35 USC		
122(b)(2)(B)(I) 17. [] Other 18. [X] If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. [] Continuation [] Divisional [X] Continuation-in-Part (CIP)		
of prior application No.: 09/839,427 filed April 20, 2001 Prior application information: Examiner: Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5B is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. Correspondence Address:		
John T. Ratfle Reg. 38,585 CERTIFICATE OF MAILING I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated below, Express Mail Label No. EK025306851US and is addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231 Katie Zarzana Date		
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	Application No.:
FEE TRANSMITTAL	Filing Date: herewith
for FY 2002	First Named Inventor: Jean Woloszko et al.
	Examiner Name: unassigned
	Group Art Unit: unassigned
[X] Applicant claims small entity status. 37 CFR 1.27	Attorney Docket No.: G-3
TOTAL AMOUNT OF PAYMENT \$1,564.00	
	FEE CALCULATION (continued) 3. ADDITIONAL FEES
METHOD OF PAYMENT	Large Small
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account No. 50-0359 ArthroCare Corporation FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid 101 740 201 370 Utility filing fee 106 330 206 165 Design filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee SUBTOTAL (1) \$370 2. EXTRA CLAIM FEES Extra Claims below Fee Paid Total Claims 120 - 20** = 100 x 9 = 900 Independent 10 - 3** = 7 x 42 = 294 Claims Multiple Dependent = = —————————————————————————————————	Entity Fee Fee Fee
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dep. Claim 109 84 209 42 **Reissue indp. over orig. 110 18 210 9 **Reissue clms over 20	179 740 279 370 Request for Continued Examination 169 900 169 900 Request for expedited examination of a design application Other fee: SUBTOTAL (3) \$
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid
SUBMITTED BY:	
John T. Raffle Reg. 38,585 Ph: (408) 736-0224	1/25/02 Date

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